

May 2009

Approximately 3% of American children, or around 2 million, will experience the death of a parent before they reach 18 years of age (Goodman, 2007). This percentage will undoubtedly increase dramatically when the death of grandparents, other relatives, classmates, siblings, and pets are included in the statistics. In addition, traumatic events such as the terrorist attacks on September 11, 2001, the loss of people during wartime, or natural disasters can directly and indirectly affect children. As a result, children are likely to be exposed to death and loss before they reach adulthood and must cope with grief and bereavement.

Grief, mourning, and bereavement, are often used as interchangeable terms. However, grief can be defined “as the normal process of reacting to . . . physical losses (for example, a death) or in response to symbolic or social losses (for example, divorce or loss of a job)” (National Cancer Institute, 2006). Mourning is characterized by the process with which one adjusts after loss and varies based on the society and culture in which one lives. Bereavement represents the time period after a loss in which grief and mourning occur (National Cancer Institute, 2006).

While it was originally thought that children did not express or feel grief because of developmental immaturity, an interest in researching how children actually handled the loss of a loved one began in the late 1950’s. John Bowlby, a British psychiatrist and psychoanalyst, developed the attachment theory, which introduced the concept that adult-adult

and infant-mother relationships are similar in nature (Waters et al., 2002). Current literature supports Bowlby’s theory and lists these factors as ones that strongly affect how children will positively or negatively adjust throughout the grief process:

- Type of death
- Physical and emotional functioning of the surviving adults/parents
- Age and socioeconomic status of the child
- Child’s unique personality and temperament
- Pre-existing risk factors (mental illness, social problems)
- Quality of the relationship prior to death
- Concurrent life stressors (financial problems, divorce, illness)
- Available support services, interventions, and networks

(Goodman, 2007)

In addition, current literature recognizes that a child’s realization of death is expressed most according to their age or level of development (Graham, 2004). Table 1 on the next page briefly outlines how children of varying ages are likely to experience grief. Children express grief through behaviors, thoughts, emotions, or physical reactions. The intensity of those reactions will depend on their ability to:

- Understand the situation
 - Worry about other’s well-being
 - Feel a need to protect the living
 - React to changes at home
 - Accept changes in roles and expectations
 - Experience feelings of isolation
 - Experience a sense of injustice
 - Show concern about the meeting of future needs
- (Goodman, 2007)

Table 1: Children's Reaction to Death			
Age	Belief	Normal "Acting Out" behaviors	Signs of dangerous behaviors
Infancy	No understanding of death	Responds to changes in schedules, tension in loved ones and disruption	Separation anxiety occurs Detachment Regression
Toddlers and Preschool (2-6 years old)	Death seen as reversible Display magical thinking	Cannot deal with intense emotion Alternate between playing behavior and grieving behavior	Regression Aggression Bedwetting Clinging Whiny Sleep problems
School-age children (6-9 years old)	Grasp death concept View death as their fault View death as punishment	Act out like the deceased Retain some magical thinking Personify death as being the "bogy-man" Feels guilt	Inability to focus in school Develop other worries Somatic complaints Accident proneness Suicidal ideation
School-age children (9-12 years old)	Cognitive awareness of death and its finality	Questions death (how and why it occurs) Curious about the "mechanics" of death	Fear being abandoned Fear death of their own and others Becomes distant and more withdrawn
Teens (12 years old and above)	Death is irreversible Understands death must happen but believe will happen in the distant future	Defiance Anger Risk taking Possessiveness Suicidal ideation Substance abuse Increased sexual behavior	Social withdrawal/isolation Persistent anger Increase in harmful/dangerous behavior (including substance abuse and sexual behavior)

(Kirwin & Hamrin, 2005; Busch & Kimble, 2001)

Treatment

Experiencing loss can markedly influence young people's perceptions of themselves and their world, forcing changes in the sense of self, level of security, and meaning of life (Goodman, 2007; Graham, 2004). Anne Graham (2004), Director of Centre for Children & Young People, School of Education, states that "such experiences culminate with the loss of a dream or ideal, symbols, traditions, and routines." During this time period, children may also suffer from "emotional distress," a term used to describe children who are "doing poorly in school, experiencing more problems with peers for having a dead parent, preoccupied with thoughts of their dead parent, and have more health problems" (Kirwin & Hamrin, 2005).

Many children are not yet equipped to deal with the changes adequately enough to survive the loss without suffering major consequences. The

year following loss is when children are at most risk for emotional problems, particularly depression. More in-depth treatment may be necessary when children continue to experience problems after two or more years (Goodman, 2007). Fortunately, there are ways to help children experiencing grief. In addition to individual counseling the most commonly used treatments include:

- Group counseling
- Play therapy
- Art
- Puppet and doll play
- Poetry
- Storytelling
- Journal writing

These and other creative outlets allow the children to express their hurt, worries, unnamed fears and other emotions that they may be unable to express verbally.

Supporting Children through Grief

Unfortunately, many adults may not realize that their child is suffering because they believe that the child will become resilient, easily be able to adapt, adjust to traumatic loss, and be able to bounce back from the traumatic events (Clements & Weisser, 2003). Techniques to support children differ based on the type of death.

It is essential that a child's family work to help the child understand death in the situation that the loss of a loved one is impending. A significant amount of research has been put forth to show that "children who have been told about the impending death of a loved one, who are encouraged to ask questions and express feelings, and who are included in the caregiving tasks cope more successfully than children without this knowledge and opportunity" (Busch & Kimble, 2001). Ways that a parent or a guardian can help prepare a child for an expected death include:

- Talk to a child about death and serious illness
- Use nature (leaves bud, color, and fall) as a way to explain the life cycle
- Use "Charlotte's Web" as an introduction to the concept of death or
- Use "The Lion King" where a child may act out their sadness with Simba (Busch & Kimble, 2001)

The ultimate goal is to teach children that death happens and is a natural part of the cycle of life; furthermore, these methods will help a child through the grieving process (Busch & Kimble, 2001).

Often times, however, children lose all sense of security when a violent, unexpected death occurs. Many suffer guilt, in addition to grief, because they believe that they somehow caused the death (by wishing it on the person, thinking about it, or believe it happened as their punishment for some conceived wrongdoings). Commonly, many of these children are not thought to need services to help them cope with the loss if they were not there when the violent death occurred. Under these circumstances, a child's ability to understand the value of

personal safety can lead to misconceptions about the dynamics of relationship norms and between individuals (Clements & Weisser, 2003).

Children's Grief Services in San Antonio

Regardless of how the loved one dies, many children do not have access to treatments as adult do; thus, many of them will internalize their sorrows and try to prevent further hurt to their surviving relatives. Ultimately, the role of the family is essential in making the child aware that the expression of grief is acceptable.

Within the Kronkosky Charitable Foundation's four counties of interest, only Bexar and Comal counties have centers that provide services specifically for children who are experiencing grief and/or bereavement.

Bexar County

- **The Ecumenical Center for Religion and Health (ECRH)** is a faith based center that is available to children ages 3-12 years old. The modalities they employ are talk therapy, play therapy and EEG Biofeedback therapy (also known as Neurofeedback) - which is a treatment process that encourages the brain to restore or establish a more stable and holistic functioning to improve emotional, mental and physical health.
- **The Children's Bereavement Center of South Texas (CBCST)** is geared towards in-depth group support for children ages 3-24 years old and their families. They also use play, art, books, music and discussion to help children process and express feelings related to the deceased.

Comal County

- **Hope Hospice** provides support groups for children ages 5-18 who have lost a loved one. In addition to talk therapy it also incorporates therapeutic play, art, and bibliotherapy. Parents and/or caregivers of participating children are also provided support. Camp Courageous, a special weekend bereavement camp for grieving children, is also offered.

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